

PLACEMENT CHOICES

First Choice	
Second Choice	
Third Choice	

LOCATION

Please list which areas you can get to for work experience. Think carefully about how you will get there, how long the journey might take allowing time for rush hour traffic.

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INDIVIDUAL NEEDS/HEALTH ISSUES (Is there anything that may affect your choice of placement)

	YES	NO	If yes please give details
Restrictions of normal activities or games			
Any allergies (including food or skin)e.g. eczema			
Any food or other allergies			
A hearing disability or impairment			
Heart Disease/Diabetes			
Fits or fainting attacks			
Visual Disability			
Learning Difficulty			
Other health problems			

STUDENTS SIGNATURE _____ DATE _____